

POSITION	INITIALS	ID NO.	DATE
	<i>AS</i>		<i>07/20/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>20</i>	<i>8/1</i>
FORMALITY REVIEW		<i>20017</i>	<i>8/17/00</i>
RESPONSE FORMALITY REVIEW		<i>7/10/00</i>	<i>2/16/01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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Claim	Date
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